

UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF PUERTO RICO

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IN RE  
CARLOS MANUEL SANTOS SERRANO  
xxx-xx-4625

Case No. 22-02969 ESL  
Chapter 13

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MOTION TO FILE AMENDED SCHEDULE "122C-2"

TO THE HONORABLE COURT:

Come now, debtor, Carlos Manuel Santos, through his undersigned attorney and respectfully avers and prays:

1. Debtor is filing amended Schedule "122C-2", dated December 28, 2022.
  - A. The amended Schedule 122C-2 is filed to correct information about debtor's Social Security income due to the fact that debtor has not reach full retirement age for Social Security purposes. Due to the fact of Debtor's recent job income, Social Security will deduct from Social Security monthly the following until debtor reach full retirement age:
    - 1) Social Security will deduct \$1.00 dollar for every \$2.00 earned during year 2022 after \$19,560.00 ;
    - 2) Social Security will deduct \$1.00 dollar for every \$3.00 earned during 2023 until debtor reach full retirement age after \$21,240.

income from April through September 2022. Also to include non-filing

WHEREFORE, Debtor moves this Honorable Court to take notice of Amended Schedule "122C-2, dated December 28, 2022.

**NOTICE AND RESPONSE TIME  
TO ALL CREDITORS AND PARTIES IN INTEREST**

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate

response to this paper with the clerks office of the United States Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the court, the interest of justice requires otherwise.

CERTIFICATION OF NOTICE: That this motion is being send through CM/ECF which will notify through electronic mailing the following recipients:

MONSITA LECAROSZ ARRIBAS ustpreion21.hr.ecf@usdoj.gov

ALEJANDRO OLIVERAS RIVERA aorecf@ch13sju.com

ALEJANDRO OLIVERAS RIVERA (ENO) on behalf of Trustee ALEJANDRO OLIVERAS RIVERA aorecf@ch13sju.com

TERESA M LUBE CAPO on behalf of Creditor IRMA IVETTE MARTINEZ PEREZ lubaysoto@gmail.com, madelinesotopacheco@gmail.com;lubaysotoii@gmail.com

EDGAR ALBERTO VEGA RIVERA on behalf of Creditor BANCO POPULAR edvega@bppr.com, edgar.vega@popular.com

In Bayamón, Puerto Rico, this December 28, 2022.

/s/ Anibal Medina Rios  
USDCPR #125611  
Attorney for debtor  
Urb. Santa Cruz  
C23 Calle Marginal  
Bayamón, P.R. 00961-6706  
Tel: (787)460-6364  
Email:medinalaw@gmail.com

Label Matrix for local noticing  
0104-3  
Case 22-02969-ESL13  
District of Puerto Rico  
Old San Juan  
Wed Dec 28 23:17:01 AST 2022

BANCO POPULAR  
PO BOX 9023593  
SAN JUAN, PR 00902-3593

BMW Financial Services NA, LLC  
4515 N Santa Fe Ave. Dept. APS  
Oklahoma City, OK 73118-7901

US Bankruptcy Court District of P.R.  
Jose V Toledo Fed Bldg & US Courthouse  
300 Recinto Sur Street, Room 109  
San Juan, PR 00901-1964

ANIBAL MEDINA RIOS  
URB SANTA CRUZ  
C-23 CALLE MARGINAL  
BAYAMON PR 00961-6706

ATTORNEY GENERAL USA  
DEPT OF JUSTICE  
MAIN BLDG 5111  
10th AND PENNSYLVANIA AVE NW  
WASHINGTON DC 20530-0001

BANCO POPULAR DE PUERTO RICO  
BANKRUPTCY DEPARTMENT  
PO BOX 366818  
SAN JUAN PR 00936-6818

(p)BMW FINANCIAL SERVICES  
CUSTOMER SERVICE CENTER  
PO BOX 3608  
DUBLIN OH 43016-0306

BMW Financial Services Attn: Customer Account  
5550 Britton Parkway  
Hilliard, OH 43026-7456

BMW Financial Services NA, LLC  
c/o AIS Portfolio Services LLP  
4515 N. Santa Fe Ave.  
Oklahoma City, OK 73118-7901

CARLOS MANUEL SANTOS SERRANO  
Urb Country Club  
963 Calle Triguero  
San Juan, PR 00924-3339

CRIM  
PO Box 195387  
SAN JUAN PR 00919-5387

DEPARTMENT OF TREASURY  
BANKRUPTCY SECTION 424 B  
P.O. BOX 9024140  
SAN JUAN, PR 00902-4140

FIRST PREMIER BANK  
3820 N LOUISE AVE  
SIOUX FALLS SD 57107-0145

INTERNAL REVENUE SERVICE (IRS)  
CENTRALIZED INSOLVENCY OP  
POST OFFICE BOX 7317  
PHILADELPHIA PA 19101-7317

IRMA I MARTINEZ PEREZ  
PO BOX 1024  
DORADO PR 00646-1024

IRMA IVETTE MARTINEZ PEREZ  
PO BOX 1024  
DORADO, PR 00646-1024

ISLAND FINANCE LLC  
PO BOX BOX 71504  
SAN JUAN PR 00939-0001

(p)JPMORGAN CHASE BANK N A  
BANKRUPTCY MAIL INTAKE TEAM  
700 KANSAS LANE FLOOR 01  
MONROE LA 71203-4774

JPMorgan Chase Bank, N.A.  
s/b/m/t Chase Bank USA, N.A.  
c/o Robertson, Anschutz, Schneid,  
Crane & Partners, PLLC  
6409 Congress Avenue, Suite 100  
Boca Raton, FL 33487-2853

(p)JEFFERSON CAPITAL SYSTEMS LLC  
PO BOX 7999  
SAINT CLOUD MN 56302-7999

LIGIA SANTOS TORRES  
PO BOX 6251  
CAGUAS PR 00726-6251

PR DEPT OF TREASURY  
BANKRUPTCY DIVISION 424-B OFFI  
PO BOX 9024140  
SAN JUAN PR 00902-4140

Premier Bankcard, LLC  
Jefferson Capital Systems LLC Assignee  
Po Box 7999  
Saint Cloud MN 56302-7999

SECRETARIO HACIENDA PR  
PO BOX 90241090  
SAN JUAN PR 00902

SECRETARIO JUSTICIA PR  
PO BOX 9020192  
SAN JUAN PR 00902-0192

TOYOTA CREDIT DE PR  
PO BOX 9786  
CEDARS RAPIDS IA 52409-0004

Toyota Credit de Puerto Rico  
PO Box 9013  
Addison, Texas 75001-9013

ALEJANDRO OLIVERAS RIVERA  
ALEJANDRO OLIVERAS CHAPTER 13 TRUS  
PO BOX 9024062  
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ANIBAL MEDINA RIOS  
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C 23 CALLE MARGINAL  
URB SANTA CRUZ  
BAYAMON, PR 00961-6706

MONSITA LECAROS ARRIAS  
 OFFICE OF THE US TRUSTEE (UST)  
 OCHOA BUILDING  
 500 TANCA STREET SUITE 301  
 SAN JUAN, PR 00901

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g) (4).

BMW FINANCIAL SERVICES  
 PO BOX 3608  
 DUBLIN OH 43016

JPMCB CARD SERVICES  
 PO BOX 15369  
 WILMINGTON DE 19850

Jefferson Capital Systems LLC  
 Po Box 7999  
 Saint Cloud MN 56302-9617

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u) BANCO POPULAR DOMINICANO  
 AVENIDA BOLIVAR #315  
 DISTRITO NACIONAL RD 10205

(u) CONSTRUCTORA EMPIRE SRL  
 CALLE MIGUEL ANGEL MONCLUS #1  
 MIRADOR NORTE  
 DISTRITO NACIONAL  
 SANTO DOMINGO, R.D. 1014

(d) CARLOS MANUEL SANTOS SERRANO  
 URB COUNTRY CLUB  
 963 CALLE TRIGUERO  
 SAN JUAN, PR 00924-3339

(d) IRMA IVETTE MARTINEZ PEREZ  
 PO BOX 1024  
 DORADO, PR 00646-1024

End of Label Matrix  
 Mailable recipients 30  
 Bypassed recipients 4  
 Total 34

**Fill in this information to identify your case:**

Debtor 1 **CARLOS** **MANUEL** **SANTOS SERRANO**  
 First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF PUERTO RICO**

Case number **22-02969 ESL**  
 (if known)

☒ Check if this is an amended filing**Official Form 122C-2****Chapter 13 Calculation of Your Disposable Income****04/22**

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

**2**

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,410.00**

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person **\$75.00**

7b. Number of people who are under 65 **X 1**

7c. **Subtotal.** Multiply line 7a by line 7b. **\$75.00** Copy here → **\$75.00**

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person **\$153.00**

7e. Number of people who are 65 or older **X 1**

7f. **Subtotal.** Multiply line 7d by line 7e. **\$153.00** Copy here → **+** **\$153.00** Copy here →

7g. **Total.** Add lines 7c and 7f..... **\$228.00** Copy here → **\$228.00**

You must use the IRS Local Standards to answer the questions in lines 8-15.

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

8. **Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. **\$651.00**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$873.00

[illegible]
$$\frac{1}{2} + \frac{1}{2} = 1$$

**\$1,600.00**

**— \$1,600.00**

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

**\$0.00**

Copy  
here ➔

**\$0.00**

Explain why:

☐ 0. Go to line 14.

☒ 1. Go to line 12.

☐ 2 or more. Go to line 12.

page 2

Debtor 1 **CARLOS MANUEL SANTOS SERRANO**

Case number (if known) **22-02969 ESL**

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: **Toyota Corolla 201 SE**

13a. Ownership or leasing costs using IRS Local Standard. \$588.00

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of each creditor for Vehicle 1 | Average monthly payment |
|-------------------------------------|-------------------------|
|-------------------------------------|-------------------------|

**TOYOTA CREDIT DE PR** \$584.00

+

Total average monthly payment

\$584.00

Copy here →

\$584.00

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0. ....

\$4.00

Copy net Vehicle 1 expense here →

\$4.00

**Vehicle 2** Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard. ....

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

| Name of each creditor for Vehicle 2 | Average monthly payment |
|-------------------------------------|-------------------------|
|-------------------------------------|-------------------------|

.....

.....

Total average monthly payment

          

Copy here →

          

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from 13d. If this number is less than \$0, enter \$0. ....

          

Copy net Vehicle 2 expense here →

\$0.00

- 14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation.

\$0.00

- 15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation.

\$0.00

Debtor 1 **CARLOS MANUEL SANTOS SERRANO**

Case number (if known) **22-02969 ESL**

**Other Necessary Expenses**

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

- 16. Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, Social Security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. **\$1,509.48**
- 17. Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. **\$0.00**
- 18. Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. **\$0.00**
- 19. Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. **\$3,500.00**
- 20. Education:** The total monthly amount that you pay for education that is either required:  
     ■ as a condition for your job, or  
     ■ for your physically or mentally challenged dependent child if no public education is available for similar services. **\$0.00**
- 21. Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. **\$300.00**
- 22. Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. **\$117.00**
- 23. Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. **+** **\$270.00**
- 24. Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23. **\$9,047.48**

**Additional Expense Deductions**

These are additional deductions allowed by the Means Test.  
 Note: Do not include any expense allowances listed in lines 6-24.

- 25. Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance **\$0.00**

Disability insurance **\$0.00**

Health savings account **+** **\$0.00**

Total **\$0.00**

Copy total here → **\$0.00**

Do you actually spend this total amount?

☐ No. How much do you actually spend? \_\_\_\_\_

☒ Yes

- 26. Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). **\$0.00**

- 27. Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. **\$0.00**



Debtor 1 **CARLOS MANUEL SANTOS SERRANO**

Case number (if known) **22-02969 ESL**

- 28. Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

- 29. Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. **\$189.58**

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

- 30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

- 31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). **+** **\$0.00**

Do not include any amount more than 15% of your gross monthly income.

- 32. Add all of the additional expense deductions.** **\$189.58**  
Add lines 25 through 31.

#### Deductions for Debt Payment

- 33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

|                                         | Average monthly payment  |
|-----------------------------------------|--------------------------|
| <b>Mortgages on your home</b>           |                          |
| 33a. Copy line 9b here.....→            | <u><b>\$1,600.00</b></u> |
| <b>Loans on your first two vehicles</b> |                          |
| 33b. Copy line 13b here.....→           | <u><b>\$584.00</b></u>   |
| 33c. Copy line 13e here.....→           | <u><b>\$0.00</b></u>     |
| 33d. List other secured debts:          |                          |

| Name of each creditor for other secured debt | Identify property that secures the debt | Does payment include taxes or insurance?                    |
|----------------------------------------------|-----------------------------------------|-------------------------------------------------------------|
| _____                                        | _____                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| _____                                        | _____                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| _____                                        | _____                                   | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

33e. Total average monthly payment. Add lines 33a through 33d..... **\$2,184.00** Copy total here → **\$2,184.00**

Debtor 1 **CARLOS MANUEL SANTOS SERRANO**

Case number (if known) **22-02969 ESL**

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☐ No. Go to line 35.  
☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

| Name of the creditor | Identify property that secures the debt | Total cure amount               | Monthly cure amount |
|----------------------|-----------------------------------------|---------------------------------|---------------------|
|                      |                                         |                                 | ÷ 60 =              |
|                      |                                         |                                 | ÷ 60 =              |
|                      |                                         |                                 | ÷ 60 = +            |
|                      |                                         | Total                           | <b>\$0.00</b>       |
|                      |                                         | Copy total here → <b>\$0.00</b> |                     |

**35. Do you owe any priority claims--such as a priority tax, child support, or alimony--that are past due as of the filing date of your bankruptcy case?**  
11 U.S.C. § 507.

- ☐ No. Go to line 36.  
☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... **\$15,970.00** ÷ 60 = **\$266.17**

**36. Projected monthly Chapter 13 plan payment**

**\$350.00**

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X **8.4** %

Average monthly administrative expense

**\$29.40**

Copy total here → **\$29.40**

**37. Add all of the deductions for debt payment.**

Add lines 33e through 36.

**\$2,479.57**

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances..... **\$9,047.48**

Copy line 32, All of the additional expense deductions..... **\$189.58**

Copy line 37, All of the deductions for debt payment..... + **\$2,479.57**

Total deductions

**\$11,716.63**

Copy total here → **\$11,716.63**

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

**39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13**

Statement of Your Current Monthly Income and Calculation of Commitment Period. .... **\$7,616.87**

Debtor 1 **CARLOS MANUEL SANTOS SERRANO**

Case number (if known) **22-02969 ESL**

**40. Fill in any reasonably necessary income you receive for support for dependent children.**

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

**41. Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).

**\$0.00**

**42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).**

Copy line 38 here..... →

**\$11,716.63**

**43. Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

| Describe the special circumstances | Amount of expense |
|------------------------------------|-------------------|
| _____                              | _____             |
| _____                              | _____             |
| _____                              | _____             |
|                                    | +                 |
| <b>Total</b>                       | <b>\$0.00</b>     |

Copy here →

**+** **\$0.00**

**44. Total adjustments.** Add lines 40 through 43.....

→

**\$11,716.63**

Copy here →

**- \$11,716.63**

**45. Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.

**-\$4,099.76**

**Part 3: Change in Income or Expenses**

**46. Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

| Form                                       | Line     | Reason for change                                                                                                                           | Date of change | Increase or decrease?                        | Amount of change |
|--------------------------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------|------------------|
| <input checked="" type="checkbox"/> 122C-1 | <b>9</b> | <b>SS will deduct \$1 for every \$2.00 earned until 2023/07</b>                                                                             |                | <input type="checkbox"/> Increase            |                  |
| <input type="checkbox"/> 122C-2            | ****     | Debtor will reach full retirement age on September 2023.                                                                                    |                | <input checked="" type="checkbox"/> Decrease |                  |
| <input type="checkbox"/> 122C-1            | ****     | For year 2022 Social Security will deduct \$1 per every \$2.00 earned earned in excess of \$19,560.00. Will deduct \$1 per every \$3.00 for |                | <input type="checkbox"/> Increase            |                  |
| <input type="checkbox"/> 122C-2            | ****     | year 2023 in excess of \$21,240.0                                                                                                           |                | <input type="checkbox"/> Decrease            |                  |
| <input type="checkbox"/> 122C-1            | _____    | _____                                                                                                                                       | _____          | <input type="checkbox"/> Increase            | _____            |
| <input type="checkbox"/> 122C-2            | _____    | _____                                                                                                                                       | _____          | <input type="checkbox"/> Decrease            | _____            |
| <input type="checkbox"/> 122C-1            | _____    | _____                                                                                                                                       | _____          | <input type="checkbox"/> Increase            | _____            |
| <input type="checkbox"/> 122C-2            | _____    | _____                                                                                                                                       | _____          | <input type="checkbox"/> Decrease            | _____            |

Debtor 1 CARLOS MANUEL SANTOS SERRANO

Case number (if known) 22-02969 ESL

**Part 4:** Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X  X  
CARLOS MANUEL SANTOS SERRANO, Debtor 1

Signature of Debtor 2

Date 12/28/2022  
MM / DD / YYYY

Date \_\_\_\_\_  
MM / DD / YYYY